



# fi : af

## TCF pour la DAP

REGISTRATION FORM – Test Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Area Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Title: Mr.  Ms.

Date of Birth: \_\_\_\_\_ (please write out)

Place and Country of Birth: \_\_\_\_\_

Nationality (only one): \_\_\_\_\_

Usual Spoken Language (only one): \_\_\_\_\_

I am a FIAF member Membership #: \_\_\_\_\_

I am not a FIAF member

|                    | FIAF members | Non-members |
|--------------------|--------------|-------------|
| Compulsory Section | \$300        | \$330       |

I understand there is a \$5.00 administration fee in addition to the exam fee.

Test Fee Payment by credit card only before the registration deadline or email it to Ms. Voahangy Siraisi at [vsiraisi@fiaf.org](mailto:vsiraisi@fiaf.org).

VISA  MC  AMEX  # \_\_\_\_\_ Name on card: \_\_\_\_\_

Expiration Date: Month \_\_ Year \_\_ CVV: \_\_\_\_\_ Total Amount: \_\_\_\_\_

I've learned about this test by \_\_\_\_\_